



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Plague

County _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)

☐ ☐ ☐ ☐ **Malaise**

☐ ☐ ☐ ☐ Cough

Onset date: ____/____/____

Productive ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ **Sore throat**

☐ ☐ ☐ ☐ **Tender, swollen glands**

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

P N I O NT

☐ ☐ ☐ ☐ ☐ Leukocytosis

☐ ☐ ☐ ☐ ☐ ***Y. pestis* antibody elevated but < 4-fold rise (serum pair) [Probable case]**

☐ ☐ ☐ ☐ ☐ ***Y. pestis* F1 antigen by fluorescent assay (clinical specimen) [Probable case]**

☐ ☐ ☐ ☐ ☐ ***Y. pestis* culture (clinical specimen)**

☐ ☐ ☐ ☐ ☐ ***Y. pestis* antibodies with 4-fold rise**

NOTES

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Regional lymphadenitis ("bubo")**

Location: ☐ Inguinal ☐ Femoral

☐ Cervical ☐ Right axillary ☐ Left axillary

Other location: _____

Size: _____

Tender ☐ Y ☐ N ☐ DK ☐ NA

Erythematous ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ **Respiratory distress**

☐ ☐ ☐ ☐ **Pharyngitis**

☐ ☐ ☐ ☐ **Pneumonia**

☐ ☐ ☐ ☐ Hemoptysis

☐ ☐ ☐ ☐ Skin ulcer

☐ ☐ ☐ ☐ **Sepsis syndrome**

☐ ☐ ☐ ☐ **Bubonic plague**

☐ ☐ ☐ ☐ **Pneumonic plague**

☐ ☐ ☐ ☐ **Septicemic plague**

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period*

-7

-1

onset

Contagious period

Rarely spread person to person unless in pneumonic form—then contagious while symptomatic

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____
☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ Direct contact with a confirmed human case
☐ ☐ ☐ ☐ Attended social gatherings or crowded setting
☐ ☐ ☐ ☐ Occupational exposure
☐ Laboratory worker ☐ Veterinarian
☐ Other: _____
☐ ☐ ☐ ☐ Handled sick or dead animal
Type: _____
Date of exposure: ____/____/____:
☐ ☐ ☐ ☐ Handled tissue of infected animal
Type: _____
Date of exposure: ____/____/____:

Y N DK NA

- ☐ ☐ ☐ ☐ Exposure to pets
Cat or kitten ☐ Y ☐ N ☐ DK ☐ NA
Dog or puppy ☐ Y ☐ N ☐ DK ☐ NA
Other: _____
Pet free-roaming? ☐ Y ☐ N ☐ DK ☐ NA
Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA
☐ ☐ ☐ ☐ Wildlife or wild animal exposure
Specify: _____
☐ ☐ ☐ ☐ Slept in cabin or outside
☐ ☐ ☐ ☐ Slept in places with evidence of rodents (e.g. animals, nest, excreta)
☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure
Where rodent exposure probably occurred: _____
☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)
☐ ☐ ☐ ☐ Insect or tick bite
☐ Deer fly ☐ Flea ☐ Mosquito ☐ Tick
☐ Louse ☐ Other: _____ ☐ Unk
Location of insect or tick exposure
☐ WA county ☐ Other state ☐ Other country
☐ Multiple exposures ☐ Unk
Date of exposure: ____/____/____

☐ Patient could not be interviewed☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk**PATIENT PROPHYLAXIS/TREATMENT**

Y N DK NA

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: _____
Date antibiotic treatment began: ____/____/____ # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Potential bioterrorism exposure
☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Pest control
☐ Rodent
☐ Flea
☐ Education on rodent control
☐ Isolation while symptomatic (pulmonary or pharyngeal)
☐ Chemoprophylaxis and quarantine (for 7 days) of contacts, including medical personnel
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____ Record complete date ____/____/____